

Renewal

Application for Water Utility Operator Certification

USEPA Region 6 Tribal Operator Certification Program

Administered by

The Southwest Environmental Finance Center at UNM

MSC01 1070, 1 University of New Mexico

Albuquerque, NM 87131

- ✓ Please read the instructions carefully before completing this form.
- ✓ We need **all** information in order to process your application in a timely manner. Incomplete or illegible applications will be returned without being processed.
- ✓ **PLEASE WRITE OR PRINT CLEARLY IN INK!**

Section A. Applicant Information

Name _____ Current Certification: Treatment Level: _____
(First) (M) Last Distribution Level: _____

Mailing address _____ City _____ State _____ Zip _____

Work Phone: (____) _____ Cell Phone: (____) _____ Is this work _____ or personal? _____

Email: _____ Last 4 digits of Soc. Sec. No. _____

Section B. WATER DISTRIBUTION

Certification Renewal.
(Circle your current certification Level.)

Level 1 Level 2

Level 3 Level 4

Current Certification Number: _____

Date Certificate Issued _____

Reciprocity Renewal
(Circle your current certification Level)

Level 1 Level 2

Level 3 Level 4

Other _____

Certifying Entity: _____

Certification Number: _____

Certification Expiry Date: _____

Section C. WATER TREATMENT

Certification Renewal.
(Circle your current certification Level.)

Level 1 Level 2

Level 3 Level 4

Current Certification Number: _____

Date Certificate Issued _____

Reciprocity Renewal
(Circle your current certification Level)

Level 1 Level 2

Level 3 Level 4

Other _____

Certifying Entity: _____

Certification Number: _____

Certification Expiry Date: _____

Section D. Work Experience – Current Position

Water System Name _____ PWS # _____

Mailing Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone _____

Your Current Title _____

Length of employment: from (mm/dd/yr) _____ to (mm/dd/yr) _____

If your duties and responsibilities with the water system have changed since your initial application, please describe. If you also have additional duties, please indicate the amount of your time (in hours or percentages) that you spent on the water system.

Section E. Verification of Work Experience

Complete this Section for the Applicant's **current** position.

(Supervisor must complete this section or application will be returned.)

I hereby certify that _____ is employed by _____

_____ Water System and performs operating duties as stated.

The applicant has performed these operating duties From (mm/dd/yr) _____ To (mm/dd/yr) _____

Name of Supervisor (Print clearly) _____

Supervisor Signature

Date

Contact Phone

Section I. Continuing Education Hours

(Please attach a copy of proof of training credits within past 3 years with this application. If you have taken EFC trainings, we already have your certificate copies on file. Your application will not be complete unless you include the attachments from other training providers)

<u>Training/School Name</u>	<u>Location</u>	<u>Dates</u>	<u>Brief Description</u>

Section J. Certificate of Applicant

I hereby certify that the information presented in this application is true and complete to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, my application may be rejected and any certification received as a result of this application may be revoked.

Applicant's Signature: _____ Date: _____

Mailing Address:
Operator Certification Program
The Southwest EFC/Civil Engineering Dept.
MSC01 1070, 1 University of New Mexico
Albuquerque, NM 87131
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